

OCT 26 2005
O I P E
A T T O R N E Y
A P P L I C A T I O N
P A T E N T & T R A D E M A R K
O F F I C E
Attorney Docket # 3397-111PUS

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Rauno RANTANEN

Serial No.: 10/019,120

Filed: January 30, 2002

For: Method and Apparatus for Spreading Treating Agent on a Moving Web

Examiner: Pianalto, Bernard D.
Group Art: 1762

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 24, 2005

(Date of Deposit)

Alfred W. Froebich

Name of applicant, assignee or Registered Representative

Alfred W. Froebich

Signature

October 24, 2005

Date of Signature

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

SIR:

In response to the final Office Action dated June 24, 2005, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.



Attorney Docket No.: 3397-111PRCE

FILING FEE COMPUTATION SHEET

Submit an original and a duplicate for fee processing

Dated: October 24, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re RCE Application of: Rauno RANTANEN et al.
For: Method and Apparatus for Spreading Treating Agent on a Moving
Web
Parent Serial No.: 10/019,120

The filing fee has been calculated as shown below:

| FOR: | Col. 1 | Col. 2 | SMALL ENTITY | LARGE ENTITY |
|---|---------|------------------|--------------|--------------|
| | # FILED | # EXTRA | | |
| BASIC FEE | | | \$395 | \$790 |
| TOTAL CLAIMS | - 20 = | | x 9 = \$ | x 18 = \$ |
| INDEPENDENT CLAIMS | - 3 = | | x 44 = \$ | x 88 = \$ |
| MULTIPLE DEPENDENCY | | | +\$150 = \$ | +300 \$ |
| The fees below apply only if claims are added that exceed the number of the originally filed claims | | | | |
| Claims in excess of originally filed claims | 4 | x 25 = \$ | x 50 = \$200 | |
| Claims in excess of originally filed claims | | x 100 = \$ | x 200 = \$ | |
| Multiple Dependency if added and not paid in parent | | +\$180 = \$ | +360 \$ | |
| | | TOTAL: \$ | | \$200 |